STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012523	A. BUILDING: _____ B. WING _____	C 09/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGEWOOD HEALTH CAMPUS	181 CAMPUS DR LAWRENCEBURG, IN 47025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00182268. Complaint IN00182268 - Substantiated. No deficiencies related to the allegations are cited. Survey date: September 18, 2015 Facility number: 012523 Provider number: 155789 AIM number: 201027870 Census bed type: Residential: 54 Total: 54 Sample: 3 Ridgewood Health Campus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00182268. QR was completed by 99993 on 09/22/15.	R 000		